

A. Ralph Mollis, Secretary of State Corporations Division

148 W. River Street

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009 Filing Period: January 1 - March 1 • Filing Fee: \$50.00\* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

Providence, RI 02904-2615 401.222.3040

In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(ccd)) is subject to a penalty fee of \$25.00. 1. Corporate ID No 2. Name of Corporation or 103473 Xygent, Inc. 3. Street Address Principal Business Office 250 Circuit Drive North Kingstown State Zip RI 02852 4. Business Phone No. 5. State of Incorporation 401-886-2000 Delaware 6. Brief Description of the Character of Business Conducted in Rhode Island Developing and Licensing of Computer Software and Related Services 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) | FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name Angus Taylor Mark Delaney Street Address Street Address 5145 Avenida Encinas 250 Circuit Drive Zip Carlsbad CA Zip92008 North Kingstown RI 02852 Secretary Name Treasurer Name Collin A. Webb None Street Address Street Address 5051 Peachtree Corners Cir., Ste. 250 None City City State Norcross GA 30092 None None None 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) [] FILL IN SPACES BEFORE USING ATTACHMENTS Director Name William Gruber Mark Delaney Street Address Street Address 250 Circuit Drive 250 Circuit Drive North Kingstown RI  $Z_{ip}$ 02852 North Kingstown RI02852 Director Name Director Name <u>None</u> None Street Address Street Address None None State City State None None None None None None

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

Number of Shares

146,461

	FILED
File Date _	FEB 18 2009
Check No	10 10 2009
Ву:	By Idota
FOI	R SECRETARY OF STATE USE ONLY

This information is currently of record in the Office of the Secretary of

State. Changes require an additional filing. See Section 9 of

9. SHARES AUTHORIZED

instruction sheet.

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.
Signature Date
Print or Type Name
heaven Legal Manager
Title Form 630 Pay 08/00

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

Class/Series

Common

Par Value

.01

ISSUED SHARES — THIS SECTION MUST BE COMPLETED